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This *Journal*, founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of genitourinary and allied disorders, and review articles, correspondence, and abstracts.

Advice to authors Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Dr A Mindel, Academic Department of Genitourinary Medicine, James Pringle House, Middlesex Hospital, London W1N 8AA. All authors must give signed consent to publication. Submitted papers must be accompanied by the following statement, signed by all the authors: "No paper resembling the enclosed article has been or will be published except in *Genitourinary Medicine*. We transfer all copyright ownership to *Genitourinary Medicine*." Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed. Rejected papers will not be returned. Figures will be returned if requested at the time of submission.

Full details of requirements for manuscripts in the Vancouver style (*BMJ* 1982;284:1766-70) are given in *Uniform requirements for manuscripts submitted to biomedical journals*, available from the Publishing Manager, *British Medical Journal*, BMA House (50p post free). Briefly details are as follows:

(1) *Scripts (including correspondence and book reviews)* must be typewritten on one side of the paper in double spacing with ample margins. Two copies should be sent.

(2) *Each script* should include, in the following order: a brief summary (structured summaries are preferred), typed on a separate sheet, outlining the main observations and conclusions; the text divided into appropriate sections; acknowledgements; references; tables, each on a separate sheet; and legends for illustrations.

(3) *The title of the paper* should be as brief as possible.

(4) *The number of authors* should be kept to the minimum, and only their initials and family names used.

(5) *Only the institution(s)* where work was done by each author should be stated.

(6) *SI units* must be used. If old fashioned units are used, SI units should be given in parentheses or, for tables and figures, a conversion factor given as a footnote.

(7) *Only recognised abbreviations* should be used.

(8) *Acknowledgements* should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

(9) *Figures* should be numbered in the order in which they are first mentioned in the text. Captions should be typed on a separate sheet. (*Diagrams*: use thick, white paper and insert lettering lightly in pencil. *Photographs*: should be marked lightly on the back with the author's name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (and will be reproduced 68 or 145 mm wide) to eliminate the need for reduction. Photomicrographs must have internal scale markers. Radiographs should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.

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(11) *References* should be numbered consecutively the first time they are cited and identified by arabic numbers in the text, tables, and legends to figures. Authors must take full responsibility for the accuracy of their references, and the list should be kept as short as practicable. It should be in the order in which references are first mentioned, and should include (in the following order), *journals*: author's name and initials, title of paper, name of journal (in full or abbreviated according to the list in *Index Medicus*), year of publication, volume number, and first and last page numbers; *books*: author's name and initials, full title, edition, place of publication, publisher, and year of publication. When a chapter in a book is referred to, the name and initials of the author of the chapter, title of the chapter, "In:", name and initials of the editor, and "ed" should precede book title, etc as above. In references to journals or books, when there are seven or more authors the names of the first three should be given followed by "et al." Names of journals no longer published or not in *Index Medicus* should be given in full — for example, *British Journal of Venereal Diseases*.

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odd jobs including getting up at 6.00 am to light the boiler. Their Irish mother had as a girl hung a portrait of Queen Victoria over her father's bed. Then in the early hours she would hear two thumps telling her that her father was in and had thrown his boots at the picture of the Queen.

The brothers became day-boys with the Jesuit Fathers who earned their life-long admiration. School fellows included Alfred Hitchcock and John Carmel Heenan. A particular friend was an older Irish boy Reginald Dunn, who later was invalidated out of the Irish Guards. They lost touch with him in 1920 until he was arrested for murdering Field Marshal Sir Henry Wilson. The brothers visited him in Brixton and also visited his utterly devastated parents. Outraged by the "Black and Tans" their friend had become Commandant of the IRA London Brigade. His statement, not published in English newspapers after his execution, is published here.

AJ followed his brother to The London and in taking the Final FRCS. He took up venereology at the White-chapel Clinic after Professor William Bulloch had said that, in this field, his future would depend upon human nature which would never let him down; advice that he would remember all his life. AJ tells of The London and includes vintage O'D (O'Donovan) stories. He tells of major figures in the UK and abroad, of war experiences, advances in treatment and decline in administration. He considers that perhaps medical care is a commodity which should be paid for according to means.

After the war, new effective treatments led to the view that sexually transmitted disease was conquered. So in the UK the London Lock Hospital closed and in the USA the commanding identity of Earle Moore's Medicine 1 at Johns Hopkins Hospital was lost.

Perhaps AJ's greatest achievement was maintaining the specialty when opinion was generally against it. Although he does not mention this, the turning point may have been his Malcolm Morris Memorial Lecture in 1957. He tells of his experience as Adviser to the Ministry of Health when he consolidated and expanded the specialty and raised standards.

AC died in Pretoria in 1982. He was clear that, but for the atom bomb and Japanese surrender on 15 August 1945, he and many other POWs would

have died in the death march due on 18 August.

We must hope that his strong view that compromise between the black and white races is impossible is being proven wrong.

This book is a must. At £6.95 it is a real bargain.

EMC DUNLOP

NOTICES

The 11th Congress of the International Society for the Study of Vulvar Disease will be held in the Randolph Hotel, Oxford from 22-26 September 1991

Candidates for Fellowship should write to: Secretary General, Dale Brown Jr MD, 7515 South Main, Suite 670 Houston, TX 77030 USA. Tel: 010 1 713 797 1144. Fax: 010 1 713 797 0556.

Candidates will be required to make a formal presentation (paper or poster) at the meeting, for which abstracts will be called in early 1991.

It may be possible to attend as a guest. Early registration should be applied for by March 1991.

For further information please contact: Dr C M Ridley (President ISSVD), Whittington Hospital, Highgate Hill, London N19 5NF, United Kingdom, Tel: 071 272 3070 ext 4575.

The Congress will be followed by a Study Day to be held at the Randolph Hotel on Friday 27 September 1991.

All interested are invited to make further enquiries from Dr Ridley (as above) or from: Dr M J Godley (Honorary Secretary MSSVD), Consultant in Genito-Urinary Medicine, The Royal Berkshire Hospital, Reading RG1 5AN, United Kingdom. Tel: 0734 877206.

The Medical Society for the Study of Venereal Diseases Undergraduate Prize Regulations

A prize of £150.00 to be called the MSSVD UNDERGRADUATE PRIZE will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).

Entries for the prize will take the form of a report written in English.

The subject of the report should be related to sexually transmitted disease, genitourinary medicine or HIV infection.

The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2000 words, should include an introduction to the subject, methods used to make the observations, findings and discussion. A summary of the report on a separate sheet should also be provided. Entries must be machine or type-written and double spaced on one side only of A4 paper. Three copies must be submitted.

The subject must be approved by a genitourinary physician to the entrant's medical school. The observation must be made before full registration. A winner may not enter for the Prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.

Entries should be submitted to the Hon Secretary of the Medical Society for the Study of Venereal Diseases by 30 June each year. They will then be considered by the President, the Hon Secretary and the Hon Treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to Council who will make the final decision concerning the Prize.

Entries must be submitted within 12 months of full registration or its equivalent.

Regulations are obtainable from the Hon Secretary MSSVD.

The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.

Northern Genitourinary Physicians Colposcopy Group

The next meeting will be on 18 May, 1991, 10.30 am at the Excelsior Hotel, Manchester Airport. All members and potential members are invited.

The guest speaker will be Dr Michael Wells, Consultant Pathologist in Leeds, who will address the Society on *HPV, CMV, EB and other viruses in the lower female genital tract.* This will be followed by the Annual Registrars Presentation and Prize.

For details of this meeting and membership, please contact the Secretary: David Hicks, Department GU Medicine, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF, UK

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhoea
Chlamydia
Candidiasis
Pelvic inflammatory disease
Non-specific genital infection
Bacterial vaginosis
Trichomoniasis
Syphilis and other treponematoses
Herpes simplex virus
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted diseases
Public health and social aspects
Miscellaneous

Gonorrhoea

National surveillance of antimicrobial resistance in *Neisseria gonorrhoeae*
 SK SCHWARCZ, JM ZENILMAN, D SCHNELL, JS KNAPP, EW HOOK III, S THOMPSON, FN JUDSON, KK HOLMES, *JAMA* 1990;264:1413.

Epidemiology of antibiotic resistant *Neisseria gonorrhoeae* in industrialized and developing countries
 I LIND, *Scand J Infect Dis* 1990;S69:77.

Gonorrhoea and syphilis in Sweden—past and present
 D DANIELSSON, *Scand J Infect Dis* 1990;S69:69.

Gonococci are survivors
 PF SPARLING, J TSAI, CN CORNELISSEN, *Scand J Infect Dis* 1990;S69:125.

Markers of *Neisseria gonorrhoeae* for epidemiological studies
 EG SANDSTRON, AK RUDEN, *Scand J Infect Dis* 1990;S69:149.

Resurgent gonorrhoea in homosexual men
 JRI FORSYTH *et al*, *Lancet* 1990;336:878.

Norfloxacin resistant *N gonorrhoeae* in North America
 KH YEUNG, JR DILLON, *Lancet* 1990;336:759.

Treatment of gonococcal conjunctivitis with a single intramuscular injection of cefotaxime

P LEPAGE, P KESTELYN, J BOGAERTS, *J Antimicrob Chemother* 1990;26:23.

Pefloxacin compared with cefotaxime for treating men with uncomplicated gonococcal urethritis

TT TIO, IR SINDHUNATA, JHT WAGENVORST, AF ANGULO, L HABBEEMA, MF MICHEL, E STOLZ, *J Antimicrob Chemother* 1990;26:141.

Evaluation of two commercial procedures for rapid identification of *Neisseria gonorrhoeae* using a reference panel of antigenically diverse gonococci

DM BOEHM, M BERNHARDT, TA KURZNSKI, DR PENNELL, RF SCHELL, *J Clin Microbiol* 1990;128:2099.

DNA probe confirmatory test for *Neisseria gonorrhoeae*

JS LEWIS, D KRANIG-BROWN, DA TRAINOR, *J Clin Microbiol* 1990;28:2349.

Characterization of fourteen strains of *Neisseria gonorrhoeae*: structural analyses and serum reactivities

RK PETTIT, JC SZUBA, RC JUDD, *Mol Microbiol* 1990;4:1293.

Genetic evidence that *Neisseria gonorrhoeae* produces specific receptors for transferrin and lactoferrin

KJ BLANTON, GD BISWAS, J TSAI, J ADAMS, DW DYER, SM DAVIS, GG KOCH, PK SEN, P FREDERICK-SPARLING, *J Bacteriol* 1990;172:5225.

Modification of sialic acid of *Neisseria gonorrhoeae* lipooligosaccharide epitope expression in human urethral exudates: an immunoelectron microscopic analysis

MA APICELLA, RE MANDRELL *et al*, *J Infect Dis* 1990;162:506.

Chlamydia

Chlamydia trachomatis infections in adolescents

TA BELL, *Med Clin N Am* 1990;74:1225.

Sterile pyuria and Chlamydia trachomatis

RS MATTHEWS *et al*, *Lancet* 1990;336:385.

Risk of chlamydial PID and oral contraceptives

AE WASHINGTON, NS PADIAN, N HEARST, *et al*, *JAMA* 1990;264:2071.

Epidemiologic control of genital Chlamydia trachomatis infections
 T RIPA, *Scand J Inf Dis* 1990;S69:157.

Epidemiologic differences between chlamydia and gonorrhoeae

HL ZIMMERMAN, JJ POTTERAT, RL DUKES, JB MUTH, HP ZIMMERMAN, JS FOGLE, CI PRATTS, *Am J Public Health* 1990;80:1338.

Chlamydia trachomatis in the fallopian tubes of women without laparoscopic evidence of salpingitis

C STACEY, P MUNDAY, B THOMAS, C GILCHRIST, D TAYLOR-ROBINSON, R BEARD, *Lancet* 1990;336:960.

Chlamydia trachomatis infection in primary unexplained infertility

G GORINI, F MILANO, P OLLIARD, A REGAZZETTI, EG RONDANELLI, *Eur J Epidemiol* 1990;6:335.

Endocervical Chlamydial deoxyribonucleic acid in infertile women

YK SOONG, SM KAO, CJ LEE, PS LEE, CC PAO, *Fert Steril* 1990;54:815.

Serum-specific antibodies for Chlamydia trachomatis in preterm premature rupture of the membranes
 I COHEN, E TENEBBAUM, M FEJGIN, G MICHAELI, Y BEYTHG, I SAROV, *Gynecol Obstet Invest* 1990;30:155.

Isolation of Chlamydia trachomatis from amniotic fluid

GB THOMAS, J JONES, AJ SHARRA, C CETRULO, D REISNER, *Obstet Gynecol* 1990;76:519.

Chlamydia trachomatis infection in women attending urban midwestern family planning and community health clinics: risk factors, selective screening, and evaluation of non-culture techniques

DG ADDISS, ML VAUGHAN, R GOLUBJATNIKOV, J PFISTER, DFI KURTYCZ, JP DAVIS, *Sex Transm Dis* 1990;17:138.

Use of sequential enzyme immunoassay and direct fluorescent antibody tests for detection of Chlamydia trachomatis infections in women

JR SCHWEBKE, WE STAMM, HH HANDSFIELD, *J Clin Microbiol* 1990;28:2473.

Seroprevalence of anti-Chlamydial trachomatis IgG in outpatients attending a sexually transmitted disease clinic in Italy

E PAROLI, E FRANCO, A MELE, F CAPRILLI, G GENTILI, MA STAZI, R CORONA, F FELICI, G PRIGNANO, G PALAMARA, *et al*, *Eur J Epidemiol* 1990;6:329.

Diagnosis of Chlamydia trachomatis cervical infection by detection of amplified DNA with an enzyme immunoassay

L BOBO, F COUTLEE, RH YOLKEN, T QUINN, RP VISCIDI, *J Clin Microbiol* 1990;28:1968.

Evaluation of Abbott Testpack Chlamydia for detection of Chlamydia

trachomatis in patients attending sexually transmitted diseases clinics

CA REICHART, CA GAYDOS, WE BRADY, TC QUINN, EW HOOK III, *Sex Transm Dis* 1990;17:147.

Histopathology of endocervical infection caused by Chlamydia trachomatis, herpes simplex, Trichomonas vaginalis and Neisseria gonorrhoeae

NB KIVIAT, JA PAAVONEN, P WOLNER-HANSEN, CW CRITCHLOW, WE STAMM, J DOUGLAS, DA ESCHENBACH, LA COREY, KK HOLMES, *Hum Pathol* 1990;21:831.

Differential human serologic response to two 60,000 molecular weight Chlamydia trachomatis antigens

EA WAGAR, J SCHACHTER, P BAVOIL, RS STEPHENS, *J Infect Dis* 1990;162:922.

Inhibition of growth of Chlamydia trachomatis by tumour necrosis factor is accompanied by increased prostaglandin synthesis

H HOLTSMANN, Y SHEMER-AVNI, K WESSEL, I SAROV, D WALLACH, *Infect Immun* 1990;58:3168.

Immunoglobulin contents in cervical secretions of women with chlamydial cervicitis

E PERSSON, P ENEROTH, L GRILLNER, *Gynecol Obstet Invest* 1990;30:109.

The effects of Chlamydia trachomatis on the female reproductive tract of the macaca-nemestrina after a single tubal challenge following repeated cervical inoculations

DL PATTON, P WOLNERHANSEN, SJ COSGROBE, KK HOLMES, *Obstet Gynecol* 1990;76:643.

Candidiasis

Is candidiasis the true cause of vulvovaginal irritation in women with diabetes mellitus

BR ROWE, MN LOGAN, I FARRELL, AH BARNETT, *J Clin Pathol* 1990;43:644.

A new slide latex agglutination test for the diagnosis of acute candida vaginitis

JD SOBEL, C SCHMITT, C MERIWETHER, *Am J Clin Pathol* 1990;94:323.

Treatment of vaginal candidiasis; orally or vaginally?

JMWM MERKUS, *J Am Acad Dermatol* 1990;23:568.

Individualizing treatment of vaginal candidiasis

JD SOBEL, *J Am Acad Dermatol* 1990;23:572.

Torulopsis glabrata vaginitis—clinical aspects and susceptibility to antifungal agents

V REDONDOLOPEZ, M LYNCH, C SCHMITT, R COOK, JD SOBEL, *Obstet Gynecol* 1990;76:651.

Efficacy of single-dose oral fluconazole in the treatment of vulvovaginal candidiasis

JAM OTUBU, GE IMADE, AS SAGAY, DA TOWOBOLA, *Curr Ther Res* 1990;48:632.

A prospective study to assess the efficacy of ketoconazole in the treatment of recurrent vaginal candidiasis

GT KOVACS, M WESTCOTT, J RUSDEN, *Med J Australia* 1990;153:328.

A comparison of butoconazole nitrate cream with econazole nitrate cream for the treatment of vulvovaginal candidiasis

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Comparison of 0.8 percent and 1.6 percent terconazole cream in severe vulvovaginal candidiasis

C SCHMITT, J SOBEL, C MERIWETHER, *Obstet Gynecol* 1990;76:414.

Resistance of congenitally immunodeficient gnotobiotic mice to vaginal candidiasis

M CANTORNA, D MOOK, E BALISH, *Infect Immun* 1990;58:3813.

Genetics of Candida albicans

S SCHERER, PT MAGEE, *Microbiol Rev* 1990;54:226.

Different antibody response against Candida albicans cell wall antigens in cervicovaginal secretions of patients with vulvovaginal candidiasis

J SCHNEIDER, J VICANDI, P REGULEZ, G QUINDOS, J PONTON, R CISTERNA, *Gynecol Obstet Invest* 1990;30:174.

Pelvic inflammatory disease

Laparoscopy and ultrasound examination in women with acute pelvic pain

JCM DUMOULIN, JLH EVERS, JPM OFFERMANS, M BRAS, MHEC PIETERS, JPM GERAEDTS, *Gynecol Obstet Invest* 1990;30:162.

Pelvic inflammatory disease and related disorders—novel observations

PA MARDH, *Scand J Infect Dis* 1990;S69:83.

Epidemiology of pelvic inflammatory disease in parous women with special reference to intrauterine device use

H BUCHAN, L VILLARD-MACKINTOSH, M VESSEY, D YEATES, K MCPHERSON, *Br J Obstet Gynaecol* 1990;97:780.

Sexually transmitted diseases and human immunodeficiency virus infection among women with pelvic inflammatory disease

B HOEGSBERG, O ABULAFIA, A SEDLIS, J

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The role of Neisseria gonorrhoeae and Chlamydia trachomatis in pelvic inflammatory disease and its sequelae in Zimbabwe

X DE MUJLDER, M LAGA, C TENNSTEDT, E VAN DYCK, GNM AELBERS, P PIOT, *J Infect Dis* 1990;162:501.

Comparison of cefotaxime, cefoxitin, and clindamycin plus gentamicin in the treatment of uncomplicated and complicated pelvic inflammatory disease

MG MATRENS, S FARD, H HAMMILL, M MACCATO, GD RIDDLE, E LAPREAD, *J Antimicrob Chemother* 1990;26:37.

Antigen specific serum antibody response to Chlamydia trachomatis in patients with acute pelvic inflammatory disease

A MIETTINEN, PK HEINONEN, K TEISALA, R PUMMONEN, J PAAVONEN, *J Clin Pathol* 1990;43:758.

Non-specific genital infection

Occurrence of Ureaplasma urealyticum and Mycoplasma hominis in nongonococcal urethritis before and after treatment in a double blind trial with ofloxacin or erythromycin

BR MOLER, B HERRMANN, HHW IBSEN, L HALKIER-SORENSEN, E FROM, P-A MARDH, *Scand J Infect Dis* 1990;S68:31.

Ciprofloxacin compared with doxycycline for nongonococcal urethritis

TM HOOTON, ME ROGERS, TG MEDINA, LE KUWAMURA, C EWERS, PL ROBERTS, WE STAMM, *JAMA* 1990;264:1418.

Bacterial vaginosis

Reservoir of four organisms associated with bacterial vaginosis suggests lack of sexual transmission

E HOLST, *J Clin Microbiol* 1990;28:2035.

Incidence of Gardnerella vaginalis infection in pregnant and non-pregnant women with non-specific vaginitis

RP FULE, K KULKARNI, VL JAHAGIRDAR, AM SADJI, *Ind J Med Res* 1990;91:360.

Bacterial vaginosis—diagnostic and pathogenetic findings during topical Clindamycin therapy

CH LIVENGGOOD, JL THOMASON, GB HILL, *Am J Obstet Gynecol* 1990;163:515.

Microbiologic efficacy of intravaginal Clindamycin cream for the treatment of bacterial vaginosis

S HILLIER, MA KROHN, DH WATTS, P WOLNERHANSEN, D ESCHENBACH, *Obstet Gynecol* 1990;76:407.

Bacterial vaginosis and the effect of intermittent prophylactic treatment with an acid lactate gel

B ANDERSCH, D LINDELL, I DAHLEN, A BRANDBERG, *Gynecol Obstet Invest* 1990;30:114.

Treatment of bacterial vaginosis in pregnancy with a lactate gel

E HOLST, A BRANDBERG, *Scand J Infect Dis* 1990;22:625.

Bacterial vaginosis and trichomoniasis vaginitis are risk factors for cuff cellulitis after abdominal hysterectomy

DE SOPER, RC BUMP, WG HURT, *Am J Obstet Gynecol* 1990;163:1016.

Identification and partial characterization of a cytolytic toxin produced by *Gardnerella vaginalis*

G ROTTINI, A DOBRINA, O FORGIARINI, E NARDON, GA AMIRANT, P PATRIARCA, *Infect Immun* 1990;58:3751.

Longitudinal study of the biotypes of *Gardnerella vaginalis*

AM BRISLEDEN, SL HILLIER, *J Clin Microbiol* 1990;28:2761.

Trichomoniasis

A follow-up study of methods of contraception, sexual activity and rates of trichomoniasis, candidiasis and bacterial vaginosis

F BARBONE, H AUSTIN, WC LOUV, WJ ALEXANDER, *Am J Obstet Gynecol* 1990;163:510.

Persistent vaginitis caused by metronidazole-resistant trichomonas

JH GROSSMAN, RP GALASK, *Obstet Gynecol* 1990;76:521.

Association of production of cell-detaching factor with the clinical presentation of trichomonas vaginalis

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Oestrogen binding by and effect of oestrogen on trichomonads and bacteria

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Reduced lymphocyte responses to mitogens in natural and experimental trichomoniasis

PR MASON, L GWANZURA, *Infect Immun* 1990;58:3553.

Syphilis

Epidemiology of primary and secondary syphilis in the United States, 1981 through 1989

RT ROLFS, AK NAKASHIMA, *JAMA* 1990;264:1432.

Old enemies: combating syphilis and gonorrhoea in the 1990's

HH HANDSFIELD, *JAMA* 1990;264:1451.

Congenital syphilis presenting in infants after the newborn period

DH DORFMAN, JH GLASER, *N Engl J Med* 1990;323:1299.

Congenital syphilis—breaking through the safety net

K MCINTOSH, *N Engl J Med* 1990;323:1339.

False-negative syphilis screening—the prozone phenomenon, non-immune hydrops and diagnosis of syphilis during pregnancy

K BERKOWITZ, L BAXI, HE FOX, *Am J Obstet Gynecol* 1990;163:975.

Immune studies in infants with congenital syphilis

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Syphilitic placentitis: demonstration of treponema pallidum by immunoperoxidase staining

M OHYAMA, Y ITANI, Y TANAKA, A GOTO, Y SASAKI, *Virchows Archiv A* 1990;417:343.

Influence of human immunodeficiency virus infection on treponemal serology in patients who have been treated for syphilis

A MCMILLAN, H YOUNG, JF PEUTHERER, *J Infect* 1990;21:95.

Sensitivity of treponemal tests for detecting prior treated syphilis during human immunodeficiency virus infection

JS HAAS, G BOLAN, SA LARSEN, MJ CLEMENT, P BACCHETTI, AR MOSS, *J Infect Dis* 1990;162:862.

The relationship of cocaine use to syphilis and human immunodeficiency virus infections among inner city parturient women

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Occult primary syphilis: the non-erosive chancre

LC SPERLING, K HICKS, WD JAMES, *J Am Acad Dermatol* 1990;23:514.

Ventricular arrhythmia in secondary syphilis

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Herpes simplex virus

Use of polymerase chain reaction for successful identification of asymptomatic genital infection with herpes simplex virus in pregnant women at delivery

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